

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation WOMEN'S VOICES WOMEN VOTE ACTION FUND		3. FEC Identification Number <b>C</b> C90009317
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1640 Rhode Island Ave., NW Suite 825		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer Occupation		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

M	M
1	0

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 

.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

233108.00
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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Monica Prah	_____	10/24/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

WOMEN'S VOICES WOMEN VOTE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee  
The New Media Firm, Inc.

Date

/   /

Mailing Address  
1730 Rhode Island Ave., NW  
Suite 410

Amount

City State Zip Code  
Washington DC 20036

Purpose of Expenditure  
Television Ad; Tables

Category/  
Type

Office Sought:  House State: ME  
 Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Chellie Pingree

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)